

In the Supreme Court of the State of Alaska

Mark D. Gilbert,

Petitioner,

v.

State of Alaska,

Respondent.

Supreme Court No. S-18403

Notice of Intent to Enter Judgment For Cost of Appointed Attorney

Date of Notice: **8/23/2022**

Court of Appeals Case No. **A-13274**
Trial Court Case No. **3AN-12-08226CI**

Unless you or the prosecutor objects by **10/11/2022** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Petition for Hearing	500	\$ 1,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts


Julie Kentch, Deputy Clerk

cc: Mark Gilbert
P. O. Box 2797
Soldotna, AK 99669

Distribution:

Email:
Friedman, Elizabeth D., OPA - Contract
Black, Ann B.

In the Supreme Court of the State of Alaska

Mark D. Gilbert,

Petitioner,

v.

State of Alaska,

Respondent.

Supreme Court No. **S-18403**

Opposition to Entry of Judgment For Cost of Appointed Attorney

Date of Notice: **8/23/2022**

Court of Appeals Case No. **A-13274**
Trial Court Case No. **3AN-12-08226CI**

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
 - ☐ Petition for Hearing
 - ☐ Petition for Review
 - ☐ Petition for Sentence Review
 - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only ____ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other _____

Appellant/Petitioner's Daytime Phone

Appellant/Petitioner's Signature

Appellant/Petitioner's Mailing Address City State Zip

Mailed to State's Attorney on: _____ (Date)